

12-12-93  
Jey

# IOWA ARREST REPORT

Original Incident Case # 93-00020

Agency ORI

Arrest Transaction/Booking Number 93-00014

I D E N T I F I C A T I O N	Arrestee Sequence #	Name (Last, First, Middle) Soda, Samuel Joseph		Alias AKA Sam	SOC/OLN/OLS	
	<input checked="" type="checkbox"/> W - white <input type="checkbox"/> I - Indian <input type="checkbox"/> B - black <input type="checkbox"/> U - unknown <input type="checkbox"/> A - Asian	<input type="checkbox"/> F - female <input checked="" type="checkbox"/> M - male	Date of Birth	Age 50	<input type="checkbox"/> H - Hispanic <input checked="" type="checkbox"/> N - non-Hispanic <input type="checkbox"/> U - unknown	Place of Birth (City, County, State, Zip) Des Moines
	Height 5-09	Weight 195	Eye Brn	Hair Blk	Skin Fair	Scars, Marks, Tattoos, Amputations
	SID #	Miscellaneous ID#	FBI #	<input type="checkbox"/> R - resident <input type="checkbox"/> U - unknown <input type="checkbox"/> N - non-resident	Occupation	
	Home Address (Street, City, State, Zip) Rt 2 Box 73A, Lorimer, SD 50149		Residence Phone 763 - 2104			

A R R E S T	Employer (Name of Company/School) Trophy Shop	Business Address (Street, City, State, Zip) Adams & Maple, Creston, Iowa	Business Phone 782-6011	
	Location of Arrest (Street, City, State, Zip) Residence			
	Condition of <input type="checkbox"/> drunk <input checked="" type="checkbox"/> sober Arrestee: <input type="checkbox"/> drinking <input type="checkbox"/> narcotic	Resist Arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Injuries? <input type="checkbox"/> Officer <input type="checkbox"/> Arrestee	Armed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of Weapon			
	Arrestee Armed With: <input checked="" type="checkbox"/> 01 - unarmed <input type="checkbox"/> 11 - firearm <input type="checkbox"/> 12 - handgun <input type="checkbox"/> 13 - rifle <input type="checkbox"/> 14 - shotgun <input type="checkbox"/> 15 - other firearm <input type="checkbox"/> 16 - lethal cutting instrument <input type="checkbox"/> 17 - blunt object <input type="checkbox"/> 11A - automatic firearm <input type="checkbox"/> 12A - automatic handgun <input type="checkbox"/> 13A - automatic rifle <input type="checkbox"/> 14A - automatic shotgun <input type="checkbox"/> 15A - other automatic firearm			
Date of Offense 02-11-93	Arrested (Day, Date, Time) 1:00	Type of Arrest: <input type="checkbox"/> S - summoned/cited <input type="checkbox"/> O - on-view arrest <input type="checkbox"/> T - taken into custody	Arrested Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Charge or Offense	State/City Statute	UCR Offense Code	Warrant # SIN/NIC	
#1 Child Endangerment	726.6			
#2				
#3				
#4				
Arrest Disposition: <input type="checkbox"/> Held <input checked="" type="checkbox"/> Bail <input type="checkbox"/> Tot - Le <input type="checkbox"/> Released <input type="checkbox"/> Other		If out on release, what type? Arrested with accomplice(s) - Name & DOB		

J U V	Juvenile <input type="checkbox"/> H - handled and released <input type="checkbox"/> R - referred to adult court <input type="checkbox"/> R - referred to welfare agency Disposition: <input type="checkbox"/> R - referred to other police agency <input type="checkbox"/> R - referred to juvenile court	Released to:						
	Parent or Guardian (Last, First, Middle Name)	Address (Street, City, State, Zip)						
	Phone							
Parent's Employer	Occupation	Address (Street, City, State, Zip)						
Phone								
V E H	Year	Make	Model	Style	Color	License Plate #	License State	License Year
	VIN		Impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location			

M I S C	Miranda By:	Date:	Time:
	Additional incidents cleared in this jurisdiction:	Case #	Case #
		Case #	Case #
		Case #	Case #
		Case #	Case #
Arresting Officer	I.D. #	Supervisor	I.D. #
	88-19		

IN THE IOWA DISTRICT COURT IN AND FOR Union COUNTY

THE STATE OF IOWA  
THE CITY/COUNTY OF Union  
VS.

Before Magistrate Donald Clark

Criminal Number \_\_\_\_\_

COMPLAINT AND AFFIDAVIT

SODA, Samuel Joseph DOB/ [REDACTED]  
RR. 2, box 73A, Lorimor, IA

The defendant is accused of the crime of Child Endangerment

726.6 in violation of Section  
of the Iowa Criminal Code/ 1991

on or about the 9th day of February, 1993, (at approximately 7:30 o'clock

A. M.), at R. R. 2, Box 73A, Lorimor, IA  
(location as definitely as known)

in Union County, did by an intentional and willful act use unreasonable force  
that resulted in personal injury to a child in his care.

THEREFORE, Complainant requests that said Defendant, subject to bail or conditions of release where applicable,

(1) be arrested or that other lawful steps be taken to obtain Defendants appearance in court; or

(2) be detained, if already in custody, pending further proceedings;

and that said Defendant otherwise be dealt with according to law.

Complainant Don Tull 88-2  
Signature of Complainant

AFFIDAVIT

STATE OF IOWA, County of Union ss.,

I, the undersigned, being duly sworn, state that the following facts known by me or told to me by other reliable persons form the basis for my belief that the Defendant committed this crime.

The defendant, Samuel J. Soda, did repeatedly strike a child born [REDACTED], repeatedly, causing him injuries. The child was in the care of the defendant at the time of the incident.



Don Tull 88-2  
Signature of Affiant

Subscribed and sworn to before me by the person(s) signing this Complaint (and affidavit(s)) on this the 11th  
day of February, 19 93.

Jo Anne Duckworth  
Signature of Notary

Complaint and affidavit(s) filed and probable cause found that the defendant committed the offense charged.

[X] Initial Incident

[ ] Supplemental

# IOWA INCIDENT REPORT

Case Number

93-00020

ORI

V I C T I M	Reported By	<input checked="" type="checkbox"/> VICTIM	Address (Street, City, State, Zip)		Phone	Reported (day, date, time)	
	Victim Sequence #	Name (Last, First, Middle)		Address (Street, City, State, Zip)		Phone	
				50149 R.R. 2 BOX 73-A LORIMOR, IA.		763-2104	
	Type of Victim (check only one):						
	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious <input type="checkbox"/> Society-public <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
	<input checked="" type="checkbox"/> R - resident	<input checked="" type="checkbox"/> W - white	<input type="checkbox"/> I - Indian	<input type="checkbox"/> F - female	DOB or Age	<input type="checkbox"/> H - Hispanic	SOC/OLN/OLS
	<input type="checkbox"/> N - non resident	<input type="checkbox"/> B - black	<input type="checkbox"/> U - unknown	<input checked="" type="checkbox"/> M - male		<input checked="" type="checkbox"/> N - non-Hispanic	
	<input type="checkbox"/> U - unknown	<input type="checkbox"/> A - Asian	<input type="checkbox"/> U - unknown	<input type="checkbox"/> U - unknown		<input type="checkbox"/> U - unknown	
	Type of Injury (check up to five):						
	<input checked="" type="checkbox"/> M - minor injury (bruises, abrasions, minor lacerations, sprains)						
	<input type="checkbox"/> L - severe lacerations <input type="checkbox"/> S - scalds/burns <input type="checkbox"/> I - possible internal injuries <input type="checkbox"/> B - broken bones/skull fracture						
	<input type="checkbox"/> T - loss of teeth <input type="checkbox"/> O - other major injury <input type="checkbox"/> U - unconsciousness <input type="checkbox"/> N - none						
I N C I D E N T	Date Occurred	2 - 9 - 93		Time Occurred	Day of the Week		Special Reports:
	From:	To:		From:	To:		
	Offense #	Offense	State/City Statute	UCR Offense Code	Activity	Status	Location *
	1	ASSAULT	708 726 C			<input checked="" type="checkbox"/> A - attempted <input checked="" type="checkbox"/> C - completed	20
						<input type="checkbox"/> A - attempted <input type="checkbox"/> C - completed	
						<input type="checkbox"/> A - attempted <input type="checkbox"/> C - completed	
	Location(s) of Offense(s): LIVING ROOM OF THE RESIDENCE OF SODA						
	01 Air/Bus/Train Terminal 08 Department/Discount Store 15 Jail/Prison 22 School/College 27 Farm Residence						
	02 Bank/Savings & Loan 09 Drug Store/Dr. 's Office/Hospital 16 Lake/Waterway 23 Service/Gas Station 28 Farm Buildings						
	03 Bar/Night Club 10 Field/Woods 17 Liquor Store 24 Specialty Store (TV, Fur, etc.) 29 Other Farm						
	04 Church/Synagogue/Temple 11 Government/Public Building 18 Parking Lot/Garage 25 Other Unknown						
	05 Commercial/Office Building 12 Grocery/Supermarket 19 Rental/Storage Facility* 26 Park						
	06 Construction Site 13 Highway/Road/Alley 20 Residence/Home *If #14 or #19 are indicated, specify number of units entered:						
	07 Convenience Store 14 Hotel/Motel/etc.* 21 Restaurant						
	Type of Weapon/Force Involved Codes: 11 - firearm (type not stated) 12 - handgun 13 - rifle 14 - shotgun 15 - other firearm						
	20 - knife/cutting instrument 30 - blunt object 11A - automatic firearm 12A - automatic handgun 13A - automatic rifle 14A - automatic shotgun						
	15A - other auto firearm 35 - motor vehicle 40 - hands, fists, feet, etc. 50 - poison 60 - explosives 65 - fire 70 - narcotics/drugs						
	85 - asphyxiation 90 - other 95 - unknown 99 - none						
	Method of Entry: <input type="checkbox"/> F - forcible <input type="checkbox"/> N - no force Point of Entry: <input type="checkbox"/> door <input type="checkbox"/> window <input type="checkbox"/> roof <input checked="" type="checkbox"/> other						
V E H I C L E	Loss Code: Property Code	LIC	LIS	LIY	LIT	VIN	# Stolen # Recovered
	Color	Year	Make	Model	Style	Date of Recovery	Estimated Value
P R O P E R T Y	Loss Code	Property Code	Estimated Quantity	Item stolen, seized, burned, lost, found, or destroyed Include Make, Model, Size, Type, Serial #, Color, etc.			Estimated Value
							Date of Recovery
	Loss Codes: 1 - none 2 - burned 3 - counterfeited 4 - damaged/destroyed 5 - recovered 6 - seized 7 - stolen 8 - unknown						TOTAL VALUE
	Narrative: [REDACTED] STATED [REDACTED] HIT HIM 10 to 15 TIMES IN THE FACE WITH HIS FISTS. [REDACTED] STATED HIS MOM AND BROTHER SAW THIS OR MOST OF IT. HIS BROTHER GOT SAM TO STOP. (SEE STATEMENT OF [REDACTED])						
P R O P E R T Y	Property Codes:		13 firearms	26 radios/TVs/VCRs	37 trucks	54 other farm supplies	
	01 aircraft		14 gambling equipment	27 recordings/audio/visual	38 vehicle parts/accessories	55 grain	
	02 alcohol		15 heavy construction/industrial equipment	28 recreational vehicles	39 watercraft	56 cattle	
	03 automobiles		16 household goods	29 structures - single occupancy dwelling	50 tractors	57 hogs	
	04 bicycles		17 jewelry	30 structures - other dwelling	51 combines	58 all other livestock	
	05 buses		18 merchandise	31 structures - other commercial/business	52 other farm machinery	97 special category	
	06 clothes/furs		19 money	32 structures - industrial/manufacturing	53 farm chemicals	98 pending inventory	
	07 computer software/hardware		20 negotiable instruments	33 structures - public/community		99 other	
	08 consumable goods		21 non-negotiable instruments				
	09 credit/debit cards		22 office-type instruments				
	10 drugs/narcotics		23 other motor vehicles				
	11 drug/narcotic equipment		24 purses/handbags/wallets				
	Complainant/Reporting Party (signature)						



OFFENDER	Check One: <input checked="" type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender Sequence #	Name (Last, First Middle) <b>SODA, SAMUEL JOSEPH</b>		Nickname/Alias <b>SAM</b>		Address (Street, City, State, Zip) <b>LORIMOR, IOWA 50149 R.R. 2 BOX 73-A</b>					
	<input checked="" type="checkbox"/> W - white <input type="checkbox"/> I - Indian <input type="checkbox"/> B - black <input type="checkbox"/> U - unknown <input type="checkbox"/> A - Asian		<input type="checkbox"/> F - female <input checked="" type="checkbox"/> M - male <input type="checkbox"/> U - unknown		DOB or Age <b>[REDACTED]</b>		<input type="checkbox"/> H - Hispanic <input checked="" type="checkbox"/> N - non-Hispanic <input type="checkbox"/> U - unknown		Height <b>5'09"</b>	Weight <b>189</b>	Eyes <b>BRO</b>	Hair
	SOC/OLN/OLS <b>[REDACTED]</b>		Relationship of victim # <b>SC</b> to offender:		Relationship of victim # <b>[REDACTED]</b> to offender:		Arrest: <input type="checkbox"/> Y - yes <input checked="" type="checkbox"/> N - no		Offender suspected of using (check as many as apply): <input type="checkbox"/> A - alcohol <input type="checkbox"/> C - computer equipment <input type="checkbox"/> D - drugs <input checked="" type="checkbox"/> N - not applicable		Offender Present: <input type="checkbox"/> Y - yes <input checked="" type="checkbox"/> N - no	
	LIC		LIS		LIY		LIT		VIN			
* SUSPECT	Color		Year		Make		Model		Style		Additional Descriptors	
	Check One: <input type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender Sequence #	Name (Last, First Middle)		Nickname/Alias		Address (Street, City, State, Zip)					
	<input type="checkbox"/> W - white <input type="checkbox"/> I - Indian <input type="checkbox"/> B - black <input type="checkbox"/> U - unknown <input type="checkbox"/> A - Asian		<input type="checkbox"/> F - female <input type="checkbox"/> M - Male <input type="checkbox"/> U - unknown		DOB or Age		<input type="checkbox"/> H - Hispanic <input type="checkbox"/> N - non - Hispanic <input type="checkbox"/> U - unknown		Height	Weight	Eyes	Hair
	SOC/OLN/OLS		Relationship of victim # <b>[REDACTED]</b> to offender:		Relationship of victim # <b>[REDACTED]</b> to offender:		Arrest: <input type="checkbox"/> Y - yes <input type="checkbox"/> N - no		Offender suspected of using (check as many as apply): <input type="checkbox"/> A - alcohol <input type="checkbox"/> C - computer equipment <input type="checkbox"/> D - drugs <input type="checkbox"/> N - not applicable		Offender Present: <input type="checkbox"/> Y - yes <input type="checkbox"/> N - no	
CUSTODIAN	Relationship Codes:		CH - child		SC - stepchild		NE - neighbor		HR - homosexual relationship		OK - otherwise known	
	SE - spouse		GP - grandparent		SS - stepsibling		BE - babysittee		BG - boyfriend/girlfriend		XS - ex-spouse	
	CS - common-law spouse		GC - grandchild		OF - other family member		CF - child of boyfriend/girlfriend		EE - employee		ST - stranger	
	PA - parent		IL - in-law		AQ - acquaintance		ER - employer		VO - victim was offender			
EVIDENCE	Referrals: <input type="checkbox"/> N - none <input type="checkbox"/> L - legal <input type="checkbox"/> S - shelter <input type="checkbox"/> M - medical <input type="checkbox"/> C - counseling <input type="checkbox"/> F - financial assistance <input type="checkbox"/> O - other				Children: <input type="checkbox"/> U - present/unharmied <input type="checkbox"/> H - present/harmed <input type="checkbox"/> N - none present				Evidence Collected: <input type="checkbox"/> photos <input type="checkbox"/> fingerprints <input type="checkbox"/> other evidence			
	Witness(s) Name (Last, First, Middle)		Address (Street, City, State, Zip)				Home Phone		Business Phone			
	#1											
	#2											
NOTES												
STATUS	<input type="checkbox"/> active <input type="checkbox"/> inactive <input type="checkbox"/> cleared by arrest <input type="checkbox"/> unfounded		Exceptional Clearance: <input type="checkbox"/> A - suspect/offender dead <input type="checkbox"/> B - prosecution declined <input type="checkbox"/> C - extradition denied		<input type="checkbox"/> D - victim refused to cooperate <input type="checkbox"/> E - juvenile - no custody <input type="checkbox"/> N - not applicable <input type="checkbox"/> T - TOT another agency <input type="checkbox"/> W - warrant issued		Reporting Officer: <i>Donnell</i>		I.D.# <b>88-2</b>			
	Exceptional Clearance Date:						Supervisor:		I.D.#			
							Entered By:		I.D.#			

# VOLUNTARY STATEMENT

DATE 2-9-93 PLACE EAST UNION SCHOOL AFRON, IA TIME STARTED 2:30 p M

I, the undersigned, [REDACTED], am 16 years of age, my date and place of

birth being the [REDACTED] day of [REDACTED] 1996, at DES MOINES, IOWA

I now live at RR2 Box 73-A LORIMOR, IOWA 50149

Before answering any questions or making any statements,

D.H.S. S GROSE, SUSAN

a person who identified himself as a UNION COUNTY DEPUTY SHERIFF Von Tull

duly warned and advised me, and I know and understand that I have the following rights: That I have the right to remain silent and I do not have to answer any questions or make any statements at all; that any statement I make can and will be used against me in a court or courts of law for the offense or offense concerning which the following statement is hereinafter made; that I have the right to consult with a lawyer of my own choice before or at anytime during any questioning or statements I make; that if I cannot afford to hire a lawyer, I may request and have a lawyer appointed for me by the proper authority, before or at anytime during any questioning or statements that I make, without cost or expense to me; that I can stop answering any questions or making any statements at any time that I choose, and call for the presence of a lawyer to advise me before continuing any more questioning or making any more statements, whether or not I have already answered some questions or made some statements.

I do not want to talk to a lawyer, and I hereby knowingly and purposely waive my right to remain silent, and my right to have a lawyer present while I make the following statement to the aforesaid person, knowing that I have the right and privilege to terminate any interview at any time hereafter and have a lawyer present with me before answering any more questions or making any more statements, if I choose to do so.

I declare that the following voluntary statement is made of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

on 2/9/93 It was an argument over who was going to feed the dogs. We were in the living room I was in a chair my dad was in a chair and my mom on the couch. It was 7:30 am when we started arguing. We were trying to figure out how to feed the dogs after school. I ~~wasn't~~ told him that I wasn't going to come home to feed the dogs, because I had other stuff to do. Then dad said someone better get on the bus to come home, then I said I wasn't going to. Then he ~~wasn't~~ said "you know what Jim?" and I said "What?" Then dad jumped out of his chair and hit me with his fist which knocked me and the chair backwards on the floor. He was over me hitting me and then told me to get up, so I did and he started saying stuff like "let's fight" and then hit me and I said "I am

I have read each page of this statement consisting of 2 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at \_\_\_\_\_ .M. on the 9<sup>th</sup> day of FEBRUARY, 19 93

WITNESS: Susan Grose

WITNESS: Von Tull

[REDACTED]  
Signature of person giving voluntary statement

## STATEMENT OF:

not going to fight you then he hit me some more and kept on asking me if I would fight him, and I ~~replied~~ ~~replied~~ replied no, so he kept on hitting me then my brother jump in and grabbed me, and my mouth was swollen and I had a bloody nose. My mouth is numb. My brother Joe said he hit me about 15 times.

My mom and dad cried and my dad says we had until 8:30 am to get our stuff and leave.

Now we ~~have~~ <sup>have</sup> until Monday to leave.

~~for the first time~~

PLACE L.E.C.  
DATE 02-15-93  
TIME 10:25 A.M.

**STATEMENT OF RIGHTS**

Before you answer any questions or make any statement, you must fully understand your rights.

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to consult with a lawyer before you answer any questions or make any statement and to have him present during questioning.
4. If you cannot afford a lawyer, one will be appointed for you before questioning or at any time during questioning, if you so desire.
5. If you answer questions or make any statement without consulting a lawyer or without having a lawyer present during questioning, you will still have the absolute right to stop answering questions or make any statements or to stop answering questions or making any statement until you consult with a lawyer or have a lawyer present during further questioning.

Van Dill 88-2  
Name of Officer

**ACKNOWLEDGMENT AND WAIVER OF RIGHTS**

The above statement of my rights has been read and explained to me and I fully understand what my rights are. I am ready and willing to answer questions or to make a statement without first consulting with a lawyer or without having a lawyer present during questioning. In waiving my rights to remain silent, I wish to state that no promises or threats have been made to me and no persuasion or coercion has been used against me.

X REFUSED  
WITNESS Juan Grose

WITNESS \_\_\_\_\_

TIME 10:30 A.M.





